|  | E OF CAL     | IFORNIA<br>EXPENSE CLAIM   | Traveler II       |                  |                 |                                      |                             | tement on F              | Reve        | rse Side                            | B                                   | K Trip?                    | O YES               | ○ No                         |
|--|--------------|--|-------------------|------------------|-----------------|--------------------------------------|-----------------------------|--------------------------|-------------|-------------------------------------|-------------------------------------|----------------------------|---------------------|------------------------------|
| STD. 262 (REV. 10/92)  |              | 210  |                   |                  |                 | Staff                                |                             |                          |             |                                     | age                                 | of                         | Pages               |                              |
| 12 ·   |              | al Year<br>08-2009   | 2008TEC1741       |                  | 269             | ssn or employee number* 269-52-5702  |                             |                          |             | DEP/                                | RTMENT                              |                            |                     |                              |
| EXECUTIVE DIRECTOR RESIDENCE ADDRESS*  |              |  |                   | CB/<br>EXE       | Ca              | CaliforniaVolunteers                 |                             |                          |             |                                     |                                     | PCA #<br>21401             |                     |                              |
| 971 Castec Dr.   |              |  |                   |                  |                 |                                      |                             | eet Suite                | 210         |                                     |                                     |                            |                     | NE NUMBER<br>3-7646          |
| Sacramento CA  |              |  | ZIP CODE<br>95864 |                  | CITY            | Sacramento                           |                             |                          | STATE<br>CA |                                     |                                     |                            | ZIP CODE<br>95814   |                              |
| (1) MONTH/YEAR (3)   |              | (3)  | (4)               | (5) MEALS        |                 | ķ                                    | (6) (7)                     |                          |             | TRANSPORTATION                      |                                     |                            | (8)                 | (9)                          |
| Jul 20<br>(2)<br>DATE  | 009<br>TIME  | LOCATION<br>WHERE EXPENSES<br>WERE INCURRED  | LODGIN            | BREAK-<br>G FAST | LUNCH           | O.T.,L/T,<br>N/C, RELO.<br>OR DINNER | INCIDENT-                   | (A)<br>COST OF<br>TRANS. | (B)         | (C)<br>CARFARE<br>TOLLS,<br>PARKING | PRIVAT                              | (D)<br>E CAR USE<br>AMOUNT | BUSINESS<br>EXPENSE | TOTAL<br>EXPENSES<br>FOR DAY |
|  |              |  |                   |                  |                 |                                      |                             |                          |             | , price                             |                                     | \$0.00                     |                     | \$0.00                       |
| 7/27   | 0500<br>1630 | Sac/Burbank/Sac  |                   |                  |                 |                                      |                             |                          |             | \$9.00                              | 36                                  | \$19.80                    |                     | \$28.80                      |
|  |              |  |                   |                  |                 |                                      |                             |                          |             |                                     |                                     | \$0.00                     |                     | \$0.00                       |
|  |              |  |                   |                  |                 |                                      |                             |                          |             |                                     |                                     | \$0.00                     |                     | \$0.00                       |
| -  | _            |  |                   |                  |                 |                                      |                             |                          |             |                                     |                                     | \$0.00                     |                     | \$0.00                       |
|  |              |  |                   |                  |                 | <u> </u>                             | E I                         | W E                      |             | ]                                   |                                     | \$0.00                     |                     | \$0.00                       |
|  |              |  |                   |                  |                 | A 11                                 | G 17                        | 2009                     | 7           |                                     |                                     | \$0.00                     |                     | \$0.00                       |
|  | -            | :  |                   |                  |                 | AU                                   |                             |                          | /           |                                     |                                     | \$0.00                     |                     | \$0.00                       |
| -  | _            | **************************************   |                   |                  |                 |                                      | <u>'LANNING</u><br>OUNTS PA | & RESEARC<br>YABLE       | H           |                                     |                                     | \$0.00<br>\$0.00           |                     | \$0.00<br>\$0.00             |
|  |              |  |                   |                  |                 |                                      |                             |                          |             |                                     |                                     | \$0.00                     |                     | \$0.00                       |
|  | _            | West - We |                   |                  |                 |                                      |                             |                          |             |                                     |                                     | \$0.00                     |                     | \$0.00                       |
|  | 1            |  |                   |                  |                 |                                      |                             |                          |             |                                     |                                     | \$0.00                     |                     | \$0                          |
| (10)   | SUBT         | OTALS  | <u> </u>          |                  |                 |                                      |                             |                          |             | \$9.00                              | \$36                                | 19.8                       |                     | \$28.80                      |
|  | co           | Lumn code (acctg. USE  | ONLY)             |                  |                 |                                      |                             |                          |             | CLAIM T                             | TOTAL                               | \$                         | 4                   | 328.80                       |
| (44) PUD   | OSE OF       | TRID DEMARKS AND DETAILS (AM-  |                   |                  |                 |                                      |                             |                          |             |                                     | <b></b>                             |                            |                     | 20.00                        |
| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  In Southern California for Disaster Corps presentation to Op Areas  —— |              |  |                   |                  |                 |                                      |                             |                          |             | (13) PRIVATE VEHICLE LICENSE NUMBER |                                     |                            |                     |                              |
|  |              |  |                   |                  |                 |                                      |                             |                          |             | 4ybd289 (14) MILEAGE RATE CLAIMED   |                                     |                            |                     |                              |
|  |              |  |                   |                  |                 |                                      |                             |                          |             | AGENCY AGEOUNTALE SHEET             |                                     |                            |                     |                              |
| <del></del>  |              |  |                   |                  |                 |                                      |                             |                          |             |                                     | PAID BY REVOLVING FUND CHECK NUMBER |                            |                     |                              |
| THEREBY  | CERTIFY      | That the above is a true statement of cle was used, and if mileage rates exceuse met the requirements as prescribed  | he travel expense | s incurred by m  | e in accordance | e with DPA recreating the vi         | ules in the se              | rvice of the Stat        | e of Ca     | alifornia. If<br>the rate           | 1                                   |                            | \$0.                | 55                           |
| claimed, a   | /            | ave met the requirements as prescribed   | by SAM Sections   | DATE             | 752, 0753, and  | (16) 8(8)                            | NATURE OF                   | OFFICER ARPI             |             |                                     | AND PA                              | YMENT                      | DATE 17             | : 0.4                        |
| (17) SPEC  | IAL EXPE     | NSE AUTHORIZATION - SIGNATURE  | and TITLE (See    | 101010           | / <b>1</b>      | 1 / 0                                | un                          | , 0, 0,                  | T<br>T      | MY                                  | <u> </u>                            |                            | DATE                | 09                           |